
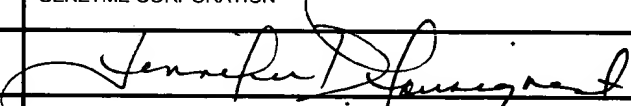
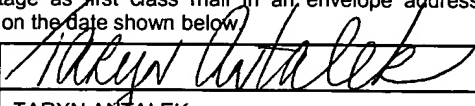


200
1632

| | | | |
|---|----------------------|------------------------|---------|
|  | Application Number | 09/890,712 | |
| | Filing Date | August 2, 2001 | |
| | First Named Inventor | SCHEULE | |
| | Art Unit | 1632 | |
| | Examiner Name | Dave T. Nguyen | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | GA0206C |

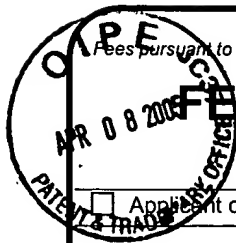
| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached (in dup.) <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (4 sheets) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| <div style="border: 1px solid black; padding: 5px;"> Remarks </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm | GENZYME CORPORATION | | |
| Signature |  | | |
| Printed Name | Jennifer D. Tousignant | | |
| Date | 04/06/05 | Reg. No. | 54,498 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|--------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | TARYN ANTALEK | Date | 4-6-05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **for FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,020-

Complete if Known

Application Number 09/890,712
Filing Date August 2, 2001
First Named Inventor SCHEULE
Examiner Name Dave T. Nguyen
Art Unit 1632
Attorney Docket No. GA0206C

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 07-1074 Deposit Account Name: GENZYME CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

| | Small Entity Fee (\$) |
|--|-----------------------|
| Each claim over 20 (including Reissues) | 50 |
| Each independent claim over 3 (including Reissues) | 25 |
| Multiple dependent claims | 200 |
| | 360 |

Total Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____
_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____
_____ - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge) : Pet. for 3-Month Extension

Fees Paid (\$)
_____ 1,020

SUBMITTED BY

| | | |
|---|---|---------------------------|
| Signature | Registration No. (Attorney/Agent) 54,498 | Telephone 508-270-2499 |
| Name (Print/Type) Jennifer D. Tousignant | | Date <u>04/06/05</u> |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent
Our Docket: GA0206C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
SCHEULE et al.

Serial No.: 09/890,712

Filed: August 2, 2001

For: USE OF CATIONIC LIPIDS TO
GENERATE ANTI-TUMOR IMMUNITY

) Art Unit: 1632
)
) Examiner: Dave T. Nguyen
)
)
)
)
)
)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST-CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450

April 6, 2005
Date

Taryn W. Halek
Signature of person mailing correspondence

PETITION FOR THREE MONTH EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

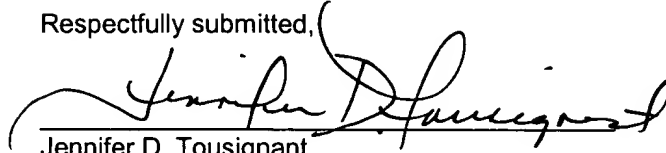
Sir:

This Petition for a Three Month Extension of Time under 37 C.F.R. § 1.136(a) is being filed in response to an Office Action mailed October 6, 2004 in connection with the above-referenced patent application. A response to this Office Action was originally due on January 6, 2005. As part of this communication, Applicants are filing a Petition for a Three Month Extension of Time, thereby extending the deadline to file a response to April 6, 2005. Accordingly, this application is pending today, which provides co-pendency with the Continuation application [a continuation of this application serial no. 09/890,712] filed today under 37 C.F.R. § 1.53(b) in which Applicants intent to pursue prosecution of their invention.

Authorization is hereby given to charge the amount of the Petition for the Three Month Extension of Time to Deposit Account No. 07-1074.

04/06/05
Date

Respectfully submitted,



Jennifer D. Tousignant
Agent for Applicants
Registration No. 54,498
Telephone: (508) 270-2499
Facsimile: (508) 872-5415

GENZYME CORPORATION
15 Pleasant Street Connector
P.O. Box 9322
Framingham, Massachusetts 01701-9322

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**FY 2005***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number (Optional)

GA0206C

Application Number Scheule et al.

Filed August 2, 2001

For USE OF CATIONIC LIPIDS TO GENERATE ANTI-TUMOR IMMUNITY

Art Unit 1632

Examiner Dave T. Nguyen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|--|------------|-------------------------|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$_____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$_____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | <u>\$1020</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$_____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$_____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1074. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

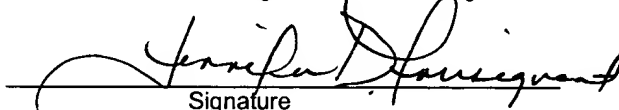
☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 54,498

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.



Signature

Jennifer D. Tousignant

Typed or printed name

04/06/05

Date

508-270-2499

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/08/2005 YPOLITE1 00000034 071074 09890712

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